



Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presenter: \_\_\_\_\_

## *Michigan CSI*

### *ISD Coordinator Feedback*

*Thank you for your involvement in coordinating the Michigan CSI presentations in your jurisdiction.  
We value your input and hope you will take time to provide feedback.*

1. Did schools in your jurisdiction contact you about hosting a community seminar? If so, which schools?
2. How did you determine the location for the community seminar?
3. If you coordination presentations other than the community seminar, please indicate how many and the location of each.
4. Which presentations did you attend? Please provide feedback for each.
5. Did the AG Coordinator communicate effectively provide necessary assistance with any questions or scheduling needs you had?
6. How could this program be more broadly disseminated to adults?

Name and contact information: \_\_\_\_\_

*Please return this form to the presenter or mail directly to the following address:*



Michigan Attorney General  
Michigan CSI  
Consumer Protection Division  
P.O. Box 30213  
Lansing, MI 48909



You are welcome to email any additional  
questions or feedback to: **AGCSI@michigan.gov**.

[www.michigan.gov/ag](http://www.michigan.gov/ag)  
1-877-765-8388